

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** State University of New York College of  
Agriculture and Technology at Cobleskill

**Alternative Name(s) of Service Provider (including all names under which the service  
provider is doing business):** SUNY Cobleskill

**Address of Service Provider:** NYS Rt.7, Cobleskill, NY 12043

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Catherine M. Heiser

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box  
or similar designation is not acceptable except where it is the only address that can be used in the geographic  
location):  
Warner Hall Rm12, NYS Rt.7, Cobleskill, NY 12043

**Telephone Number of Designated Agent:** 518-255-5869

**Facsimile Number of Designated Agent:** 518-255-6213

**Email Address of Designated Agent:** heisercm@cobleskill.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 3/2/99

**Typed or Printed Name and Title:** Ms. Carol Young, Vice President for Administration

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

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**RECEIVED**

**MAR 22 1999**

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